## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 06/20/2006

## **Provider Inspection Summary**

For the period 05/01/2003 to 04/30/2006 Residential Care Apartment Complex REGISTERED STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: TAMARACK PLACE (0011360)

Address: N84 W17147 MENOMONEE AVE, MENOMONEE FALLS, WI 53051

**License Status: REGULAR** 

Licensed/Certified/Registered 03/31/2006

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History** 

Survey ID: 0096646 End Date: 03/31/2006 Type: OTHER Purpose: DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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